



Facility Name & ID Number RENAISSANCE AT SOUTH SHORE # 0042085 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds <u>10/02/01</u>					
1	2	3	4		
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>244</u>	Skilled (SNF)	<u>244</u>	<u>89,060</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>244</u>	TOTALS	<u>244</u>	<u>89,060</u>	7

B. Census-For the entire report period.						
	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>69,024</u>	<u>2,202</u>	<u>12,620</u>	<u>83,846</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>69,024</u>	<u>2,202</u>	<u>12,620</u>	<u>83,846</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.15%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-hold days during this year were paid by Public Aid?  
2,219 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?  
Date started 10/23/98

J. Was the facility purchased or leased after January 1, 1978?  
YES ☒ Date 10/23/98 NO ☐

K. Was the facility certified for Medicare during the reporting year?  
YES ☒ NO ☐ If YES, enter number of beds certified 83 and days of care provided 9,182

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/02 Fiscal Year: 12/31/02  
\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number RENAISSANCE AT SOUTH SHORE # 0042085 Report Period Beginning: 01/01/02 Ending: 12/31/02

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	305,769	88,578	9,446	403,793		403,793		403,793			1
2	Food Purchase		366,755		366,755	(20,148)	346,607	(96)	346,511			2
3	Housekeeping	213,803	52,889	1,201	267,893		267,893		267,893			3
4	Laundry	76,152	16,539		92,691		92,691		92,691			4
5	Heat and Other Utilities			183,151	183,151		183,151	(16,362)	166,789			5
6	Maintenance	89,366	29,992	128,254	247,612		247,612	(287)	247,325			6
7	Other (specify):*							(80)	(80)			7
8	<b>TOTAL General Services</b>	685,090	554,753	322,052	1,561,895	(20,148)	1,541,747	(16,826)	1,524,921			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			28,857	28,857		28,857		28,857			9
10	Nursing and Medical Records	3,109,826	185,616	77,149	3,372,591		3,372,591		3,372,591			10
10a	Therapy	81,300		4,958	86,258		86,258		86,258			10a
11	Activities	171,628	2,435	1,610	175,673		175,673		175,673			11
12	Social Services	127,146		2,291	129,437		129,437		129,437			12
13	Nurse Aide Training			3,123	3,123		3,123		3,123			13
14	Program Transportation			1,253	1,253		1,253	976	2,229			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	3,489,900	188,051	119,241	3,797,192		3,797,192	976	3,798,168			16
	<b>C. General Administration</b>											
17	Administrative	224,376		681,113	905,489		905,489	(565,466)	340,023			17
18	Directors Fees											18
19	Professional Services			121,817	121,817		121,817	(11,688)	110,129			19
20	Dues, Fees, Subscriptions & Promotions			116,372	116,372		116,372	(78,514)	37,858			20
21	Clerical & General Office Expenses	348,320	49,341	353,826	751,487		751,487	(201,311)	550,176			21
22	Employee Benefits & Payroll Taxes			793,876	793,876	20,148	814,024	(1,204)	812,820			22
23	Inservice Training & Education											23
24	Travel and Seminar			12,024	12,024		12,024	(6,219)	5,805			24
25	Other Admin. Staff Transportation			1,713	1,713		1,713	165	1,878			25
26	Insurance-Prop.Liab.Malpractice			253,863	253,863		253,863	674	254,537			26
27	Other (specify):*							31,819	31,819			27
28	<b>TOTAL General Administration</b>	572,696	49,341	2,334,604	2,956,641	20,148	2,976,789	(831,745)	2,145,044			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,747,686	792,145	2,775,897	8,315,728		8,315,728	(847,594)	7,468,134			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			127,965	127,965		127,965	193,251	321,216			30
31	Amortization of Pre-Op. & Org.			5,015	5,015		5,015	6,734	11,749			31
32	Interest			13,397	13,397		13,397	708,714	722,111			32
33	Real Estate Taxes			411,938	411,938		411,938		411,938			33
34	Rent-Facility & Grounds			1,593,650	1,593,650		1,593,650	(1,583,035)	10,615			34
35	Rent-Equipment & Vehicles			6,581	6,581		6,581	9,093	15,674			35
36	Other (specify):*											36
37	TOTAL Ownership			2,158,546	2,158,546		2,158,546	(665,244)	1,493,302			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	15,503	262,806	388,663	666,972		666,972	245	667,217			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			133,590	133,590		133,590		133,590			42
43	Other (specify):*	38,941			38,941		38,941	(38,941)				43
44	TOTAL Special Cost Centers	54,444	262,806	522,253	839,503		839,503	(38,696)	800,807			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,802,130	1,054,951	5,456,696	11,313,777		11,313,777	(1,551,534)	9,762,243			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.  
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(253,183)	30		9
10	Interest and Other Investment Income	(287)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(96)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(22)	21		18
19	Entertainment	(6,087)	24		19
20	Contributions	(25,600)	20		20
21	Owner or Key-Man Insurance	(30,938)	21		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(262,609)	21		24
25	Fund Raising, Advertising and Promotional	(35,952)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(17,505)	20		28
29	Other-Attach Schedule	(316,638)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (948,917)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(602,617)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (602,617)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ (1,551,534)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.  
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS			Page 5A
RENAISSANCE AT SOUTH SHORE			
ID# 0942085			
Report Period Beginning: 01/01/02			
Ending: 12/31/02			
NON-ALLOWABLE EXPENSES			Sch. V Line
	Amount	Reference	
1 CABLE	(17,000)	5	1
2 BANK CHARGES	(10,845)	21	2
3 OUT OF STATE TRAVEL	(1,500)	24	2
4 C.O.P.E.	(4,100)	20	4
5 MISCELLANEOUS INCOME	(4,850)	21	5
6 PP&B M.DEMOS (LEGAL FEES)	(8,611)	19	6
7 LAND RENT- BLDG CO.	(12,000)	34	7
8 MANAGEMENT FEES	(125,000)	17	8
9 NON-ALLOWED NUCARE SALARY	(1,419)	21	9
10 NON-ALLOWED NUCARE PAYROLL TAXES	(122)	27	10
11 MARKETING SALARIES	(36,941)	43	11
12 TRUST FEES- BLDG CO.	(250)	21	12
13 LEGAL & ACCOUNTING-BLDG CO.	(5,117)	19	13
14 MGMT FEES- BLDG CO.	(42,480)	17	14
15 STATE INCOME TAX- BLDG CO.	(55)	21	15
16 PY LEGAL FEES	(125)	19	16
17 PY LEGAL FEES	(306)	19	17
18 PY LEGAL FEES	(178)	19	18
19 PY LEGAL FEES	(658)	19	19
20 PY LEGAL FEES	(180)	19	20
21 PY LEGAL FEES	(119)	19	21
22 PY LEGAL FEES	(350)	19	22
23 CAPITALIZED R&M	(1,173)	06	23
24 NON-ALLOWABLE SALARY - OFFICE	(36,161)	21	24
25 NON-ALLOWABLE LEGAL FEES	(3,396)	19	25
26 NON-ALLOWABLE EXPENSE	(1,204)	22	26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50
51			51
52			52
53			53
54			54
55			55
56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101 Total	(316,638)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number   RENAISSANCE AT SOUTH SHORE

#   0042085

Report Period Beginning:

01/01/02

Ending:

12/31/02

**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(96)											(96)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(17,000)		638									(16,362)	5
6	Maintenance	(1,173)		886									(287)	6
7	Other (specify):*			(80)									(80)	7
8	TOTAL General Services	(18,270)		1,444									(16,826)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			976									976	14
15	Other (specify):*													15
16	TOTAL Health Care and Programs			976									976	16
	C. General Administration													
17	Administrative	(167,480)	42,480	(393,283)	70,847	(15,558)	(102,472)						(565,466)	17
18	Directors Fees													18
19	Professional Services	(19,040)	5,117	1,328		907							(11,688)	19
20	Fees, Subscriptions & Promotions	(83,157)		1,225		3,418							(78,514)	20
21	Clerical & General Office Expenses	(347,647)	1,018	142,840		2,249	229						(201,311)	21
22	Employee Benefits & Payroll Taxes	(1,204)											(1,204)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(7,586)		1,345		22							(6,219)	24
25	Other Admin. Staff Transportation			165									165	25
26	Insurance-Prop.Liab.Malpractice			674									674	26
27	Other (specify):*	(122)		21,952	3,990	5,063	936						31,819	27
28	TOTAL General Administration	(626,236)	48,614	(223,754)	74,837	(3,899)	(101,307)						(831,745)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(644,505)	48,614	(221,334)	74,837	(3,899)	(101,307)						(847,594)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number      RENAISSANCE AT SOUTH SHORE      #      0042085      Report Period Beginning:      01/01/02      Ending:      12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(253,183)	442,093	4,341									193,251	30
31	Amortization of Pre-Op. & Org.		6,734										6,734	31
32	Interest	(287)	709,512	(511)									708,714	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds	(12,000)	(1,581,650)	10,615									(1,583,035)	34
35	Rent-Equipment & Vehicles			9,093									9,093	35
36	Other (specify):*													36
37	TOTAL Ownership	(265,470)	(423,312)	23,538									(665,244)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			245									245	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(38,941)											(38,941)	43
44	TOTAL Special Cost Centers	(38,941)		245									(38,696)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(948,917)	(374,697)	(197,551)	74,837	(3,899)	(101,307)						(1,551,534)	45



## VII. RELATED PARTIES

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE ATTACHED		SEE ATTACHED		SEE ATTACHED		
				South Shore Limited		
				Partnership	Chicago	Building Co.

**B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.** ☒ **X** YES ☐ NO

**If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.**

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENTAL INCOME	\$ 1,593,650	SOUTH SHORE LIMITED PARTNERSHIP	100.00%	\$	\$ (1,593,650)	1
2	V	32	INTEREST	9,120	SOUTH SHORE LIMITED PARTNERSHIP	100.00%		(9,120)	2
3	V	31	AMORTIZATOIN		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	6,734	6,734	3
4	V	30	DEPRECIATION		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	442,093	442,093	4
5	V	32	INTEREST		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	718,632	718,632	5
6	V	34	LAND RENT		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	12,000	12,000	6
7	V	19	LEGAL & ACCOUNTING		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	5,117	5,117	7
8	V	17	MANAGEMENT FEES		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	42,480	42,480	8
9	V	21	STATE INCOME TAXES		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	553	553	9
10	V	21	TRUST FEES		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	250	250	10
11	V	21	FILING FEES		SOUTH SHORE LIMITED PARTNERSHIP	100.00%	215	215	11
12	V				SOUTH SHORE LIMITED PARTNERSHIP				12
13	V								13
14	Total			\$ 1,602,770			\$ 1,228,073	\$ * (374,697)	14

**\* Total must agree with the amount recorded on line 34 of Schedule VI.**

**SEE ACCOUNTANTS' COMPILATION REPORT**

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.      ☒ YES      ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 638	\$ 638	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	886	886	16
17	V	7	EMPLOYEE BEN. GEN. SERV.		NUCARE SERVICES CORP.	100.00%	(80)	(80)	17
18	V	14	PROGRAM TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	976	976	18
19	V	17	ADMINISTRATIVE - NON-OWNER		NUCARE SERVICES CORP.	100.00%	3,230	3,230	19
20	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	1,328	1,328	20
21	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,225	1,225	21
22	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	142,840	142,840	22
23	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,345	1,345	23
24	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	165	165	24
25	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	674	674	25
26	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	21,952	21,952	26
27	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	4,341	4,341	27
28	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	(511)	(511)	28
29	V	34	BUILDING RENT		NUCARE SERVICES CORP.	100.00%	10,615	10,615	29
30	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	9,093	9,093	30
31	V	39	ANCILLARY		NUCARE SERVICES CORP.	100.00%	245	245	31
32	V								32
33	V	17	MANAGEMENT FEES	396,513				(396,513)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 396,513			\$ 198,962	\$ * (197,551)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.      ☒ YES      ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - R. HARTMAN	\$	NUCARE SERVICES CORP.	100.00%	\$ 21,292	\$ 21,292	15
16	V	17	ADMIN. - R. BOTTNER		NUCARE SERVICES CORP.	100.00%	25,746	25,746	16
17	V	17	ADMIN. - B. CARR		NUCARE SERVICES CORP.	100.00%	21,596	21,596	17
18	V	17	ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.	100.00%	2,213	2,213	18
19	V	17	ADMIN. - E. DICKMAN		NUCARE SERVICES CORP.	100.00%			19
20	V	27	EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	1,871	1,871	20
21	V	27	EMP. BEN. - R. BOTTNER		NUCARE SERVICES CORP.	100.00%	1,004	1,004	21
22	V	27	EMP. BEN. - B. CARR		NUCARE SERVICES CORP.	100.00%	942	942	22
23	V	27	EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.	100.00%	173	173	23
24	V	27	EMP. BEN. - E. DICKMAN		NUCARE SERVICES CORP.	100.00%			24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 74,837	\$ * 74,837	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.      ☒ YES      ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 21,542	\$ 21,542	15
16	V	19	PROFESSIONAL FEES		CAREPATH HEALTH NETWORK	100.00%	907	907	16
17	V	20	FEES, SUBSCRIPTIONS		CAREPATH HEALTH NETWORK	100.00%	3,418	3,418	17
18	V	21	CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK	100.00%	2,249	2,249	18
19	V	24	SEMINARS		CAREPATH HEALTH NETWORK	100.00%	22	22	19
20	V	27	GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK	100.00%	5,063	5,063	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	37,100	CAREPATH NETWORK	100.00%		(37,100)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 37,100			\$ 33,201	\$ * (3,899)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.      ☒ YES      ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 20,028	\$ 20,028	15
16	V	21	OFFICE		JLR MANAGEMENT CORP.	100.00%	229	229	16
17	V	27	PAYROLL TAXES		JLR MANAGEMENT CORP.	100.00%	936	936	17
18	V								18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES		JLR MANAGEMENT CORP.	100.00%			21
22	V								22
23	V								23
24	V								24
25	V	21	SECRETARIAL						25
26	V				JLR MANAGEMENT CORP.	100.00%			26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	122,500	JLR MANAGEMENT CORP.	100.00%		(122,500)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 122,500			\$ 21,193	\$ * (101,307)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

**SEE ACCOUNTANTS' COMPILATION REPORT**

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.



VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1  Name	2  Title	3  Function	4  Ownership Interest	5  Compensation Received From Other Nursing Homes*	6  Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7  Compensation Included in Costs for this Reporting Period**		8  Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	20.05%	See Attached	4.41	6.78%	Alloc.Salary	\$ 21,292	17-7	1
2	Barry Carr	Administrative	Administrative	0%	See Attached	5.3	8.83%	Alloc.Salary	21,595	17-7	2
3	David Hartman	Relative	Administrative	0%	See Attached	0.7	1.53%	Alloc.Salary	2,212	17-7	3
4	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	7	10.77%	Alloc.Salary	20,028	17-7	4
5	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2	3.08%	Alloc.Salary			5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 65,127		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number RENAISSANCE AT SOUTH SHORE # 0042085 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization  
Street Address  
City / State / Zip Code  
Phone Number  
Fax Number

( )

( )

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

**Ending: 12/31/02**

( 847) 933-2601

**SEE ACCOUNTANTS' COMPILATION REPORT**

**Ending: 12/31/02**

(847) 933-2601

**SEE ACCOUNTANTS' COMPILATION REPORT**

**Ending: 12/31/02**

(847) 679-2150

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number    RENAISSANCE AT SOUTH SHORE                      #    0042085    Report Period Beginning:                      01/01/02                      Ending:    12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)                      YES ☒                      NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization    JLR MANAGEMENT CORP.  
Street Address                      6633 NORTH LINCOLN  
City / State / Zip Code            LINCOLNWOOD, IL. 60712  
Phone Number                      ( 847) 679-9141  
Fax Number                          ( 847) 679-1820

	1 Schedule V Line Reference	2  Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4  Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8  Facility Units	9  Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	59	9	\$ 168,808	\$ 168,808	7	\$ 20,028	1
2	21	OFFICE	AVG. HOURS WORKED	59	9	1,932		7	229	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	59	9	7,887		7	936	3
4										4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11	21	SECRETARIAL	AVG. HOURS WORKED	40	1	5,000				11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 219,923	\$ 168,808		\$ 21,193	25

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number    RENAISSANCE AT SOUTH SHORE                      #    0042085    Report Period Beginning:                      01/01/02                      Ending:    12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)                      YES ☒                      NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization    DIAMOND INSURANCE  
Street Address                      40 SKOKIE BLVD - SUITE 105  
City / State / Zip Code           NORTHBROOK, IL 60062  
Phone Number                      ( 847 ) 559-1002  
Fax Number                          (           )

	1 Schedule V Line Reference	2  Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4  Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	WORKER'S COMPENSATION	DIRECT ALLOCATION			\$	\$		\$ 70,244	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 70,244	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT SOUTH SHORE # 0042085 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization  
Street Address  
City / State / Zip Code  
Phone Number  
Fax Number

( )

( )

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT SOUTH SHORE # 0042085 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization  
Street Address  
City / State / Zip Code  
Phone Number  
Fax Number

( )

( )

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT SOUTH SHORE # 0042085 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization  
Street Address  
City / State / Zip Code  
Phone Number  
Fax Number

( )

( )

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number    RENAISSANCE AT SOUTH SHORE                      #    0042085    Report Period Beginning:                      01/01/02                      Ending:    12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office  
or parent organization costs? (See instructions.)                      YES ☐                      NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization  
Street Address  
City / State / Zip Code  
Phone Number  
Fax Number

( )

( )

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	American National Bank		X				\$					\$	13,325	1					
2	MBNA America		X	Credit Card Interest									72	2					
3	South Shore Limited Ptnshp	X		Mortgage									9,016,344	3					
4														4					
5														5					
	Working Capital																		
6														6					
7														7					
8														8					
9	TOTAL Facility Related						\$		\$	9,016,344			\$	732,028	9				
	B. Non-Facility Related*																		
10	See Supplemental Schedule												(9,406)	10					
11	NuCare Allocation	X											(511)	11					
12														12					
13														13					
14	TOTAL Non-Facility Related						\$		\$				\$	(9,917)	14				
15	TOTALS (line 9+line14)						\$		\$	9,016,344			\$	722,111	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ N/A      Line #

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
1	INTEREST INCOME	X					\$					\$ (9,120)	1
2	INTEREST INCOME (ADJ. P5)		X									(286)	2
3													3
4													4
5													5
6													6
7													7
8													8
9													9
10													10
11													11
12													12
13													13
14													14
15													15
16													16
17													17
18													18
19													19
20													20
21							\$		\$			\$ (9,406)	21

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2001 report.				\$	378,7041
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	385,6792
3. Under or (over) accrual (line 2 minus line 1).				\$	6,9753
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	404,9634
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	411,9387
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1997		8	
		1998	2,872	9	
		1999	408,698	10	
		2000	360,670	11	
		2001	385,679	12	
<b>Real Estate Tax Accrual: \$385,679*1.05=\$404,962.95</b>					
				13	FROM R. E. TAX STATEMENT FOR 2001 \$13
				14	PLUS APPEAL COST FROM LINE 5 \$14
				15	LESS REFUND FROM LINE 6 \$15
				16	AMOUNT TO USE FOR RATE CALCULATION \$16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**



IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates    RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

RENAISSANCE AT SOUTH SHORE

COUNTY

COOK

FACILITY IDPH LICENSE NUMBER

0042085

CONTACT PERSON REGARDING THIS REPORT

Steve Lavenda

TELEPHONE

(847) 236-1111

FAX #:

(847 ) 236-1155

A.

Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 21-30-101-003-0000	LONG-TERM CARE PROPERTY	\$ 30,103.64	\$ 30,103.64
2. 21-30-101-004-0000	LONG-TERM CARE PROPERTY	\$ 56,589.27	\$ 56,589.27
3. 21-30-101-014-0000	LONG-TERM CARE PROPERTY	\$ 159,682.15	\$ 159,682.15
4. 21-30-101-022-0000	LONG-TERM CARE PROPERTY	\$ 33,256.59	\$ 33,256.59
5. 21-30-101-023-0000	LONG-TERM CARE PROPERTY	\$ 106,047.22	\$ 106,047.22
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 385,678.87	\$ 385,678.87

B.

Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?

YES

X

NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C.

Tax Bills

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

RENAISSANCE AT SOUTH SHORE

COUNTY

COOK

FACILITY IDPH LICENSE NUMBER

0042085

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( )

FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      YES      NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: **80,865**

B. General Construction Type: Exterior **Brick** Frame **Steel** Number of Stories **4**

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☒ YES ☐ NO

If so, please complete the following:

1. Total Amount Incurred: **244,947** 2. Number of Years Over Which it is Being Amortized: **5**

3. Current Period Amortization: **11,749** 4. Dates Incurred: **1998**

Nature of Costs: **Organizational Costs, Mortgage Costs, Loan Fees**

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<b>Facility</b>	<b>42,825</b>		<b>\$ 651,589</b>	<b>1</b>
2					<b>2</b>
3	<b>TOTALS</b>	<b>42,825</b>		<b>\$ 651,589</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**  
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1998	78,106		20	3,906	3,906	16,233	9
10								-		-	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$ -	\$	\$ -	37
38						-		-	38
39						-		-	39
40						-		-	40
41						-		-	41
42						-		-	42
43						-		-	43
44						-		-	44
45						-		-	45
46						-		-	46
47						-		-	47
48						-		-	48
49						-		-	49
50						-		-	50
51						-		-	51
52						-		-	52
53						-		-	53
54						-		-	54
55						-		-	55
56						-		-	56
57						-		-	57
58						-		-	58
59						-		-	59
60						-		-	60
61						-		-	61
62						-		-	62
63						-		-	63
64						-		-	64
65						-		-	65
66						-		-	66
67						-		-	67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)		9,212,503	442,206		263,275	(178,931)	1,132,321	68
69	Financial Statement Depreciation			63,493			(63,493)		69
70	TOTAL (lines 4 thru 69)		\$ 9,290,609	\$ 505,699		\$ 267,181	\$ (238,518)	\$ 1,148,554	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,290,609	\$ 505,699		\$ 267,181	\$ (238,518)	\$ 1,148,554	1
2	ASPHALT DRIVEWAY	1999	3,440		20	172	172	688	2
3	WIRING FOR SIGN	1999	2,717		20	136	136	544	3
4	WALLPAPER	1999	90		20	5	5	20	4
5	CARD READER ACCESS	1999	1,325		20	66	66	264	5
6	CCTV & INTERCOM ACCE	1999	3,585		20	179	179	716	6
7	SIGN & POSTS	1999	269		20	13	13	52	7
8	CARPET	1999	4,345		20	217	217	850	8
9	SIGNS	1999	727		20	36	36	144	9
10	OUTLETS	1999	891		20	45	45	176	10
11	PHONES	1999	2,487		20	124	124	486	11
12	CABLE & CAMERA	1999	1,560		20	78	78	306	12
13	WALLGUARD	1999	651		20	33	33	124	13
14	TOILET SEATS	1999	865		20	43	43	172	14
15	PAGER SYSTEM	1999	1,257		20	63	63	252	15
16	CANOPY	1999	1,100		20	55	55	215	16
17	LANDSCAPING	1999	24,156		20	1,208	1,208	4,429	17
18	SECURITY CAMERAS	1999	3,410		20	171	171	656	18
19	ELECTRICAL WORK	1999	3,228		20	161	161	564	19
20	WINDOW TOPS	1999	3,840		20	192	192	656	20
21	KEY SYSTEM	1999	2,920		20	146	146	487	21
22	CARPET	1999	1,135		20	57	57	190	22
23	FENCE	1999	4,500		20	225	225	750	23
24	FENCE TO PATIO AREA	1999	4,000		20	200	200	667	24
25	ELECTRICAL WORK	1999	4,900		20	245	245	796	25
26	SIGNS FOR LOT	1999	733		20	37	37	123	26
27	WALL SYSTEM	1999	2,100		20	105	105	341	27
28	HVAC INSPECTION	1999	3,279		20	164	164	519	28
29	SPRINKLERS	1999	3,335		20	167	167	598	29
30	SPRINKLERS	1999	590		20	30	30	100	30
31	IMPROVEMENT	1999	614		20	31	31	103	31
32	IMPROVEMENT	1999	671		20	34	34	113	32
33	FURNISH & INSTALL LO	2000	3,382		20	169	169	507	33
34	TOTAL (lines 1 thru 33)		\$ 9,382,711	\$ 505,699		\$ 271,788	\$ (233,911)	\$ 1,165,162	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12B, Carried Forward		\$ 9,382,711	\$ 505,699		\$ 271,788	\$ (233,911)	\$ 1,165,162	1
2 CABLEING	2000	1,326		20	66	66	198	2
3 FURNISH & INSTALL TI	2000	5,482		20	274	274	822	3
4 REPAIR/REPLACE AWNIN	2000	1,408		20	70	70	204	4
5 ELECTRICAL WORK IN 4	2000	2,074		20	104	104	295	5
6 REPLACE 2 LOCK BDS	2000	1,212		20	61	61	173	6
7 PARKING GARAGE STGE	2000	3,945		20	197	197	558	7
8 9 LATCH GRDS/DEADBLT	2000	707		20	35	35	96	8
9 FURNISH & INSTALL NE	2000	935		20	47	47	129	9
10 INSTALL NEW PHN LINE	2000	1,431		20	72	72	192	10
11 6 DUAL BED SIDE STAT	2000	541		20	27	27	70	11
12 LOWER LEVEL MAINTANC	2000	5,985		20	299	299	797	12
13 RELOCATE ELECTRICAL	2000	440		20	22	22	57	13
14 REMOTE CONTROL MOUNT	2000	932		20	47	47	121	14
15 REMOTE CONTROL MOUNT	2000	1,501		20	75	75	194	15
16 REPAIR FIRE ALARM PA	2000	841		20	42	42	105	16
17 CONTROL PANEL	2000	1,561		20	78	78	195	17
18 REPLACE WROUGHT IRON	2000	450		20	23	23	58	18
19 LOCKS, KEYS	2000	775		20	39	39	101	19
20 INSTALL LANDSCAPING	2000	972		20	49	49	118	20
21 WALL COVERING	2000	1,216		20	61	61	147	21
22 FOUNDATION FOR SIGN	2000	5,000		20	250	250	604	22
23 SIGN	2000	3,905		20	195	195	536	23
24 DAVID THOMAS MOCH	2000	696		20	35	35	79	24
25 REPLACE FREIGHT ELEV	2000	1,750		20	88	88	205	25
26 SCREENS	2000	630		20	32	32	72	26
27 LOCKS AND PASSAGE SE	2000	1,156		20	58	58	169	27
28 WALL MOUNTED DISPENS	2000	1,118		20	56	56	131	28
29 INSTALL WALL MOUNTED	2000	220		20	11	11	25	29
30 REPAIR FIRE PUMP CON	2000	570		20	29	29	70	30
31 INSTALL ADD'L WASHER	2000	787		20	39	39	85	31
32 WANDER GUARD	2000	12,600		20	630	630	1,785	32
33 PHONE TIRES	2000	1,310		20	66	66	176	33
34 TOTAL (lines 1 thru 33)		\$ 9,446,187	\$ 505,699		\$ 274,965	\$ (230,734)	\$ 1,173,729	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,446,187	\$ 505,699		\$ 274,965	\$ (230,734)	\$ 1,173,729	1
2	WALLPAPER	2000	609		20	30	30	63	2
3	WALLPAPER	2000	1,973		20	99	99	206	3
4	ELECTRICAL WORK	2000	704		20	35	35	73	4
5	SHRAGE FENCE	2000	1,166		20	58	58	131	5
6	CICERO DEVELOPMENT	2000	1,292		20	65	65	135	6
7	WANDERGUARD	2001	1,341		20	67	67	134	7
8	WALLPAPER	2001	1,241		20	62	62	119	8
9	WALLPAPER	2001	608		20	30	30	58	9
10	EARL MOORE	2001	1,000		20	50	50	88	10
11	REPLACE SPRINKLERS	2001	8,791		20	440	440	880	11
12	ELECTRIC WORK	2001	2,410		20	121	121	192	12
13	CARPTETING	2001	2,007		20	100	100	158	13
14	WALLPAPER	2001	897		20	45	45	71	14
15	WANERGUARD	2001	1,045		20	52	52	82	15
16	FLOORING	2001	8,685		20	434	434	687	16
17	WANDERGUARD	2001	2,131		20	107	107	169	17
18	WANDERGUARD	2001	1,341		20	67	67	112	18
19	WANDERGUARD	2001	762		20	38	38	63	19
20	WANDERGUARD	2001	1,045		20	52	52	82	20
21	OXYGEN STORAGE CONST	2001	1,998		20	100	100	150	21
22	IRRIGATION SYS REPAI	2001	527		20	26	26	37	22
23	IRRIGATION SYS REPAI	2001	592		20	30	30	43	23
24	TILES	2001	580		20	29	29	41	24
25	PARKING LOT REPAIR	2001	6,464		20	323	323	377	25
26	WANDERGUARD	2001	779		20	39	39	52	26
27	WINTERIZE SPRINKLERS	2001	1,385		20	69	69	138	27
28	SHADES	2002	970		20	97	97	97	28
29	RECIRCUIT HALLWAYS	2002	1,000		20	83	83	83	29
30	DRYWALL	2002	3,558		20	326	326	326	30
31	PARKING LOT SEALER	2002	1,661		20	111	111	111	31
32	DRYWALL - SANDSTONE	2002	3,396		20	283	283	283	32
33	PAINTING & DECORATING	2002	1,172		20	59	59	59	33
34	TOTAL (lines 1 thru 33)		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,509,317	\$ 505,699		\$ 278,492	\$ (227,207)	\$ 1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,509,317	\$505,699		\$278,492	\$(227,207)	\$1,179,029	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**  
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				1998	\$ 9,209,684	\$ 442,093	35	\$ 263,134	\$ (178,959)	\$ 1,131,829	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	ALLOCATED NUCARE			1997	545	14	20	27	13	142	9
10	ALLOCATED NUCARE			1998	477	12	20	24	12	107	10
11	ALLOCATED NUCARE			1999	669	58	20	33	(25)	115	11
12	ALLOCATED NUCARE			2000	813	21	20	41	(20)	99	12
13	ALLOCATED NUCARE			2001	315	8	20	16	8	29	13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,212,503	\$ 442,206		\$ 263,275	\$ (178,971)	\$ 1,132,321	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 372,116	\$ 64,647	\$ 38,737	\$ (25,910)	10	\$ 125,112	71
72	Current Year Purchases	39,030	3,907	3,841	(66)	10	3,841	72
73	Fully Depreciated Assets	7,404	146	146		10	7,404	73
74								74
75	TOTALS	\$ 418,550	\$ 68,700	\$ 42,724	\$ (25,976)		\$ 136,357	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,579,456	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 574,399	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 321,216	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (253,183)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,315,386	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions. ☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		244		\$			3
4	Additions							4
5	Alloc.NuCare				10,615			5
6								6
7	TOTAL		244		\$ 10,615			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: \$ 15,134 Description: Copiers-\$6,040.91;NuCare Allocation-\$9,093

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	1999 Lexus RX300	\$ 540.00	\$ 540	17
18					18
19					19
20					20
21	TOTAL		\$ 540.00	\$ 540	21

10. Effective dates of current rental agreement:

Beginning  
Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2003 \$
13. /2004 \$
14. /2005 \$

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☒

☐

☐

120

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☒

☐

80

B. EXPENSES

ALLOCATION OF COSTS (d)

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	2
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	2

		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$ 570	\$	\$ 570
2	Books and Supplies		397		397
3	Classroom Wages (a)		2,156		2,156
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 3,123	\$	\$ 3,123
10	SUM OF line 9, col. 1 and 2 (e)	\$	3,123		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
(c) For in-house training programs only. Do not include fringe benefits.  
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
- SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 145,478	\$		\$ 145,478	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			25,106			25,106	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			218,079			218,079	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				205,720		205,720	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			15,503			57,086		72,589	13
14	TOTAL			\$ 15,503		\$ 388,663	\$ 262,806		\$ 666,972	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 4,000	\$ 233,736	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	2,776,039	2,776,039	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	134,715	134,715	6
7	Other Prepaid Expenses	148,742	148,742	7
8	Accounts Receivable (owners or related parties)	162,106	162,106	8
9	Other(specify): <u>See Supplemental Schedule</u>	653,186	1,221,285	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,878,788	\$ 4,676,623	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		651,589	13
14	Buildings, at Historical Cost		8,772,773	14
15	Leasehold Improvements, at Historical Cost	943,845	1,047,907	15
16	Equipment, at Historical Cost	392,516	1,227,608	16
17	Accumulated Depreciation (book methods)	(410,840)	(2,261,372)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		244,947	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(25,116)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>	323,009	323,009	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,248,530	\$ 9,981,345	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 5,127,318	\$ 14,657,968	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,912,486	\$ 1,912,488	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,750	1,750	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	345,591	345,591	30
31	Accrued Taxes Payable (excluding real estate taxes)	32,310	32,310	31
32	Accrued Real Estate Taxes(Sch.IX-B)	404,963	404,963	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Supplemental Schedule</u>	1,587,581	2,169,895	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 4,284,681	\$ 4,866,997	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,016,344	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Supplemental Schedule</u>	260,298	260,298	43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 260,298	\$ 9,276,642	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 4,544,979	\$ 14,143,639	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 582,339	\$ 514,329	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 5,127,318	\$ 14,657,968	48

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	<b>\$ (241,164)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<a href="#">See Attached</a>	<b>(341,528)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	<b>\$ (582,692)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>1,165,031</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>( )</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 1,165,031</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 582,339</b>	<b>24</b>

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

1			
	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 11,370,420	1
2	Discounts and Allowances for all Levels	(224,219)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,146,201	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	907,951	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 907,951	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	329,857	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	41,039	19
20	Radiology and X-Ray		20
21	Other Medical Services	48,623	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 419,519	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	287	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 287	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	4,850	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,850	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,478,808	30

2			
	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,561,895	31
32	Health Care	3,797,192	32
33	General Administration	2,956,641	33
	<b>B. Capital Expense</b>		
34	Ownership	2,158,546	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	705,913	35
36	Provider Participation Fee	133,590	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,313,777	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,165,031	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,165,031	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.



Facility Name & ID Number     RENAISSANCE AT SOUTH SHORE

#   0042085

Report Period Beginning:

01/01/02

Ending:

12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,418	1,674	\$ 64,562	\$ 38.56	1
2	Assistant Director of Nursing	1,882	2,100	62,717	29.87	2
3	Registered Nurses	18,837	24,000	547,895	22.83	3
4	Licensed Practical Nurses	49,928	52,071	1,034,472	19.87	4
5	Nurse Aides & Orderlies	144,514	152,967	1,303,375	8.52	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	606	652	15,503	23.78	7
8	Rehab/Therapy Aides	9,000	9,499	81,300	8.56	8
9	Activity Director	3,637	3,875	69,255	17.87	9
10	Activity Assistants	12,597	13,755	102,373	7.44	10
11	Social Service Workers	6,400	8,500	127,146	14.96	11
12	Dietician	3,094	3,539	62,051	17.53	12
13	Food Service Supervisor					13
14	Head Cook	7,722	8,174	82,189	10.06	14
15	Cook Helpers/Assistants	22,334	23,414	161,529	6.90	15
16	Dishwashers					16
17	Maintenance Workers	7,992	8,874	89,366	10.07	17
18	Housekeepers	27,707	29,425	213,803	7.27	18
19	Laundry	9,624	10,117	76,152	7.53	19
20	Administrator	1,973	2,086	127,719	61.24	20
21	Assistant Administrator	2,040	2,160	71,554	33.13	21
22	Other Administrative	451	485	25,103	51.76	22
23	Office Manager					23
24	Clerical	12,674	25,049	348,320	13.91	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,784	2,913	96,805	33.23	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,149	1,236	38,941	31.51	33
34	TOTAL (lines 1 - 33)	348,365	386,565	\$ 4,802,130 *	\$ 12.42	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	222	\$ 9,446	01-03	35
36	Medical Director	Monthly	28,857	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,976	10-03	39
40	Physical Therapy Consultant	39	1,960	10a-03	40
41	Occupational Therapy Consultant	60	2,998	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	31	1,610	11-03	44
45	Social Service Consultant	43	2,291	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	396	\$ 50,138		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	106	\$ 3,897	10-03	50
51	Licensed Practical Nurses	2,338	70,276	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	2,444	\$ 74,173		53

SEE ACCOUNTANTS' COMPILATION REPORT

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description	Amount	
Dave Schechter	Administrator	None	\$ 127,719	Workers' Compensation Insurance	\$	70,244	IDPH License Fee	\$ 200	
Brent Fitzgerald	Asst. Administrator	None	69,631	Unemployment Compensation Insurance		94,126	Advertising: Employee Recruitment	15,889	
Mark Berger	Asst. Administrator	None	1,923	FICA Taxes		362,485	Health Care Worker Background Check	3,500	
Kathy Brander	Dir.Reg.Mgmt	None	12,124	Employee Health Insurance		204,030	(Indicate # of checks performed <u>392</u> )		
Ray Dolan	V.P. Risk Mgmt	None	12,979	Employee Meals		20,148	Dues & Subscriptions	10,746	
				Illinois Municipal Retirement Fund (IMRF)*			Advertsing & Promotion	35,952	
				Employee Benefits		26,174	Fees/Licenses	2,880	
				401 K Matching		701	Yellow Page Advertising	17,505	
				Union Pension Benefits		34,912	CarePath Allocation	3,418	
							NuCare Allocation	1,225	
							Less: Public Relations Expense	( )	
							Non-allowable advertising	(35,952)	
							Yellow page advertising	(17,505)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 37,859
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			G. Schedule of Travel and Seminar**		

**\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT**

**\*\*See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number		RENAISSANCE AT SOUTH SHORE		STATE OF ILLINOIS				Page 23
#		0042085		Report Period Beginning:	01/01/02	Ending:	12/31/02	

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

YES

(2)

Are there any dues to nursing home associations included on the cost report?  
If YES, give association name and amount.

YES  
If Council of Long Term Care \$13429.20

(3)

Did the nursing home make political contributions or payments to a political action organization?  
If YES, have these costs been properly adjusted out of the cost report?

YES  
YES

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?  
If YES, what is the capacity?

NO

(5)

Have you properly capitalized all major repairs and equipment purchases?  
What was the average life used for new equipment added during this period?

YES  
10 YEARS

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 38,083 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?  
If NO, attach a complete explanation.

YES

(8)

Are you presently operating under a sale and leaseback arrangement?  
If YES, give effective date of lease.

NO

(9)

Are you presently operating under a sublease agreement?

YES X NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?  
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

YES NO X

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.  
This amount is to be recorded on line 42 of Schedule V.

\$ 133,590

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?  
If YES, attach an explanation of the allocation.

NO

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

YES

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?  
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)  
If YES, attach a schedule which explains how all related costs were allocated to these functions.

NO

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.  
Has any meal income been offset against related costs?

\$ 20,148  
N/A

Indicate the amount. \$

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?  
If YES, attach a complete explanation.

YES

b.

Do you have a separate contract with the Department to provide medical transportation for residents?  
If YES, please indicate the amount of income earned from such a program during this reporting period.

NO

c.

What percent of all travel expense relates to transportation of nurses and patients?

100%ln14

d.

Have vehicle usage logs been maintained?

N/A

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

YES

g.

Does the facility transport residents to and from day training?  
Indicate the amount of income earned from providing such transportation during this reporting period.

NO

(17)

Has an audit been performed by an independent certified public accounting firm?  
Firm Name:  
The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?  
If no, please explain.

NO

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

YES

(19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?  
Attach invoices and a summary of services for all architect and appraisal fees

YES

SEE ACCOUNTANTS' COMPILATION REPORT